**REFERRAL FOR SCHOOL-BASED MENTAL HEALTH (SBMH) Services**

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| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      School System: Lee County Schools 041  | School Unique ID # (4 digit – assigned by State Ed Dept.):       |
| \*MH Therapist:       |  SSID# 10 digit number State # found in Powerschool:      |
| Student Being Referred:       | Reason for referral:       |
| DOB:       | Age:       |
| Teacher:       | Grade:       |
| Exceptionality (or N/A):       | BIP: ☐ Yes ☐ No | Race:       | Sex:       | \*MH Record # (If Accepted into Services):       |
| Date of Referral:        | School Personnel Making Referral:       | Regular Ed: ☐ | Special Ed: ☐If SPED, Case manager and contact info:  |
| **Insurance Info:** |
| Policy held by: ☐ Parent  | ☐ Legal Guardian |
| Name:       Policy Number:       | ☐ Medicaid | ☐ All Kids | ☐ Other       | ☐ None |
| Student lives with Parent/Guardian? ☐ Yes ☐ No | If not, explain:       | Student’s Home Address:       |
| Parent Guardian Name:       | Parent/ Guardian Phone Number:       |
| Parent/Guardian notified of referral by School Personnel and agrees to screening for MH services? ☐ Yes ☐ No |

**CONCERNING BEHAVIORS (CHECK ALL THAT APPLY)**

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| ☐ Reports Abuse | ☐ Victim of Crime/Violence | ☐ Suicidal Behaviors/Threats |
| ☐ Recent Traumatic Event | ☐ Peer/Social Problems | ☐ Parent/Child Conflict |
| ☐ Unusual Changes in Mood | ☐ Eating Problems | ☐ Substance Use Problems |
| ☐ Withdrawn/Depression | ☐ Recent Loss or Separation | ☐ Excessive Crying/Sadness |
| ☐ Angry/Agitated | ☐ Violent Outbursts | ☐ Fighting/Destroying Property |
| ☐ Resistant to Authority | ☐ Legal/Court Problems | ☐ High Risk Behaviors |
| ☐ Sexual Misconduct | ☐ Bullying (Perp./Victim) | ☐ Reports Sleep Problems |
| ☐ Inattentive/Hyperactive | ☐ Changes in Grades | ☐ Reports Fears/Phobias |
| ☐ Anxiety/Excessive Worry | ☐ Strange/Bizarre Behaviors | ☐ Reports Hallucinations |

Notes:

☐ Referral Accepted ☐ Referral Denied Reason for Denial:

Date Accepted/Denied:       Date Services Started:       Date Services Ended:

\*Items in blue will be completed by the Mental Health Coordinator

***ALL REFERRALS and RELEASES SHOULD BE COMPLETED AND EMAILED TO Layla Ferrell***